PATENT APPLICATION FEE DETERMINATION RECORD Effective November 10, 1998

Application or Docket Number

09/485820

| CLAIMS AS FILED - PART (. (Column 2) | | | | | | | | | SMALL ENTITY | | | OTHER THAN OR SMALL ENTITY | | |
|--|---|-----------|-----------------------------------|------------|------|--|------------------|----------|--------------------|------------------------|--------|-------------------------------|---|--|
| FOR | | | NUMBER FILED | | | NUMBER EXTRA | | | RATE | FEE | 1 | RATE | FEE | |
| BA | SIC FEE | | | | | | | 1 | | | OR | | 840 | |
| TO | TAL CLAIMS | | /6 minus 20= | | | • _ · | | | X\$ 9= | | OR | X\$18= | | |
| INC | EPENDENT C | AIMS | 2 minus 3 = | | | | | | | - | OR | X78= | | |
| MULTIPLE DEPENDENT CLAIM PRESENT | | | | | | | 1 } | +130= | | 1 | | | | |
| 4 16 | If the difference in column 1 is less than zero, enter *0* in column 2 | | | | | | | | | | OR | +260= | 0/10 | |
| | | | | | | | | | TOTAL | | OR | TOTAL | 840 | |
| CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3) | | | | | | | | <u>.</u> | SHALL | ENTITY | OR | OTHER SMALL. | | |
| ENTA | | REM | AIMS AINING TER IDMENT | | Pf | HIGHEST NUMBER REVIOUSLY PAID FOR | PRESENT EXTRA | | RATE | ADDI- TIONAL FEE | · | RATE | ADDI- TIONAL FEE | |
| AMENDMENT | Lotis | • 2 | 5 | Minus | 44 | 20 | = | | X\$ 9= | | OR | X\$18= | | |
| ME | Independent | | /? | Minus | 44 | | E | | X39= | · | OR | X78= | | |
| | FIRST PRESE | NTATIC | N OF MU | JUTIPLE DE | PENC | ENT CLAIM | | 1 | +130= . | | OR | +260= | | |
| | | | | | | | | | TOTAL | | | TOTAL | | |
| (Column 1) (Column 2) (Column 3) | | | | | | | | | | | Į O. r | ADDIT FEE | | |
| AMENDMENT B. | | REM AF | AIMS AINING TER IDMENT | | Pf | HIGHEST NUMBER REVIOUSLY PAID FOR | PRESENT EXTRA | | RATE | ADDI- TIONAL | | RATE. | ADDI- TIONAL | |
| | Total | 4 | • | Minus . | •• | | Œ | lľ | X\$9 = | | OR | X\$18= | ं पुर ुवीं द ुर राज्य - | |
| | Independent | • | | Minus | ••• | | t |] | X 39= | | OR | 'X78= | | |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM | | | | | | | | 1 F | | | | ¥260= | | |
| Best Available Copy | | | | | | | | | +130= | | OR | TOTAL | | |
| | | | | | | | | | TOTAL DOTT. FEE | | OR | ADOIT. FEE | | |
| AMENDMENT C | | REM | IMA () AINING TER IDMENT | | . Pf | NUMBER REVIOUSLY PAID FOR | PRESENT EXTRA | ÌÏ | RATE | ADDI- TIONAL FEE | | RATE | ADUA- TIONAL FEE | |
| 夏 | Total | • • | | Minus : | - | | E | | X\$ 9= | | .OR | X\$18= | | |
| | Independent | • | -, | Minus | | · | e . |] | X 39= | | OR | X78= | | |
| ئــ | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM | | | | | | | | 4130 = | | • | 4260= | | |
| # After entry in column 1 is less than the entry in column 2, write "o" in column 8. | | | | | | | | | +180= | | OR. | ADDIT FEE | i an | |
| - | ** If the "Highest Number Previously Paid For" BY THIS SPACE is less than 20, enter "20." *** ADDIT. FEE The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate pox | | | | | | | | | | | | · fign of majes | |